STATE OF TENNESSEE

Addressing Self Harm and Self Injury Among THL Members

6/3/2019

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Ashleigh Hall, **MOL, CPS II**, a certified prevention specialist, is the marketing coordinator for Centerstone. Her award-winning service in behavioral health care since 2001 has included roles in case management for youth as well as coordinating all marketing and outreach efforts of a federal grant for Centerstone Prevention community events and an educational comic book series. In 2012, Hall was named Teacher Counselor of the Year by Centerstone and the American Re-Ed Association. Hall has completed Belmont University's program and the International Certification and Reciprocity Consortium's level II prevention certification. Her combined experiences in crisis care, community education, event planning, media campaigns and team building have uniquely positioned her for the dynamic marketing outreach work she does today. Hall received her undergraduate degree in family and consumer sciences with an emphasis in child development and family relationships from the University of Tennessee. In 2017, she earned a master's degree in organizational leadership from Trevecca Nazarene University.

Cindy Cothran, **MS, LPC-MHSP** is Centerstone's Coordinator for Intensive In-Home Therapy and School-Based Therapy Services for Davidson, Rutherford and Wilson Counties. She is passionate about training and supervising community-based therapists to provide high quality, integrated care to vulnerable populations. For the past year Cindy has been a member of Centerstone's Suicide Prevention Steering Committee. She was the Project Director for The Building Strong Families and TIES federal grant funded programs, providing family preservation services to the some of the highest risk families identified by the Dept. for Children's Services. Cindy received her undergraduate degree from Lambuth University in Psychology and Sociology then earned her master's degree in Clinical Psychology from Murray State University. She became a Licensed Professional Counselor-Mental Health Service Provider in TN in 2011 and received the Approved Supervisor designation in 2016.

Interactive Webinar

Communicating during the webinar:

- For questions or comments during the presentation, please click on the **chat box** function

- Select "Everyone" and enter your question or comment

- This will also be used during all Q&A portions of the presentation
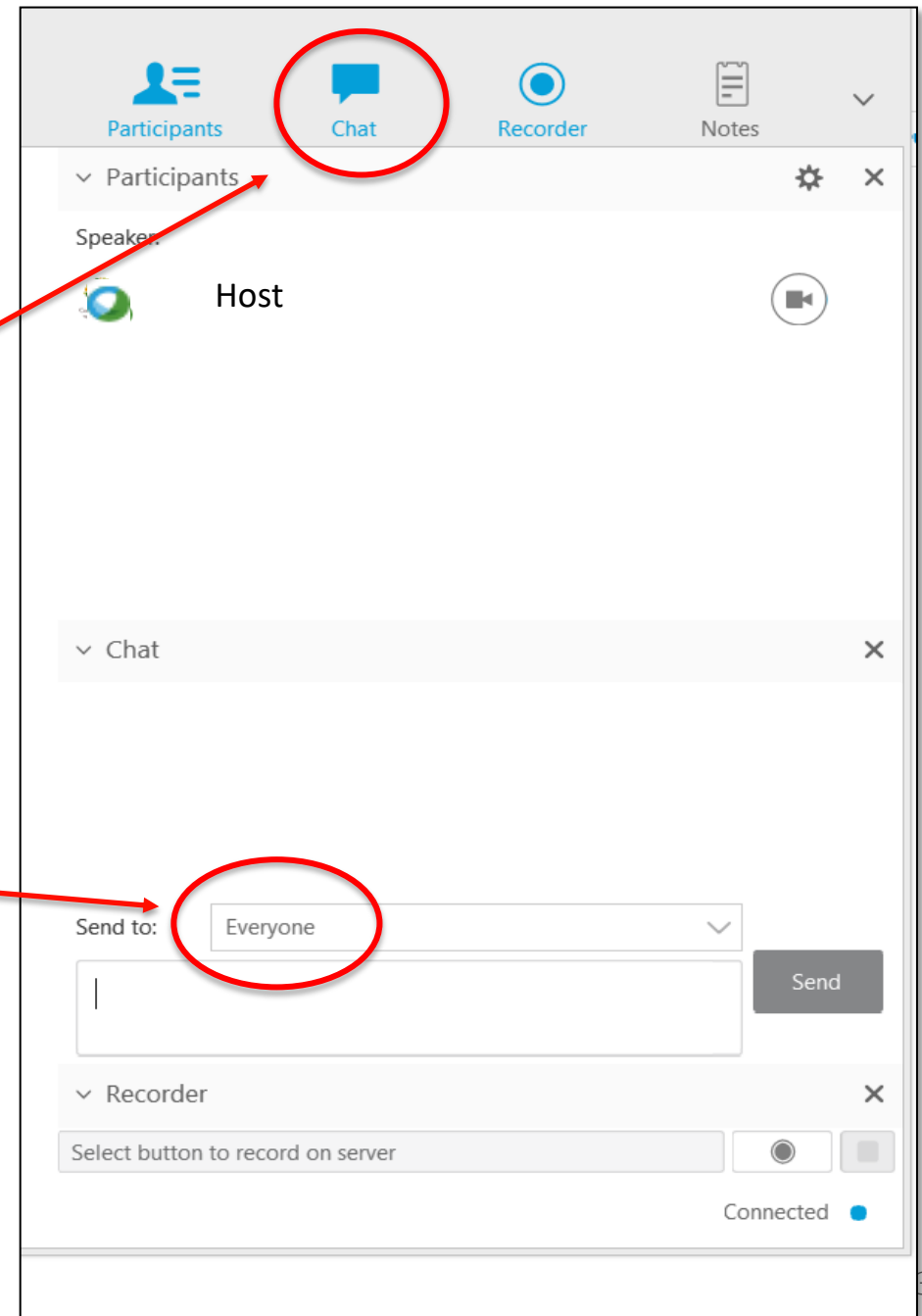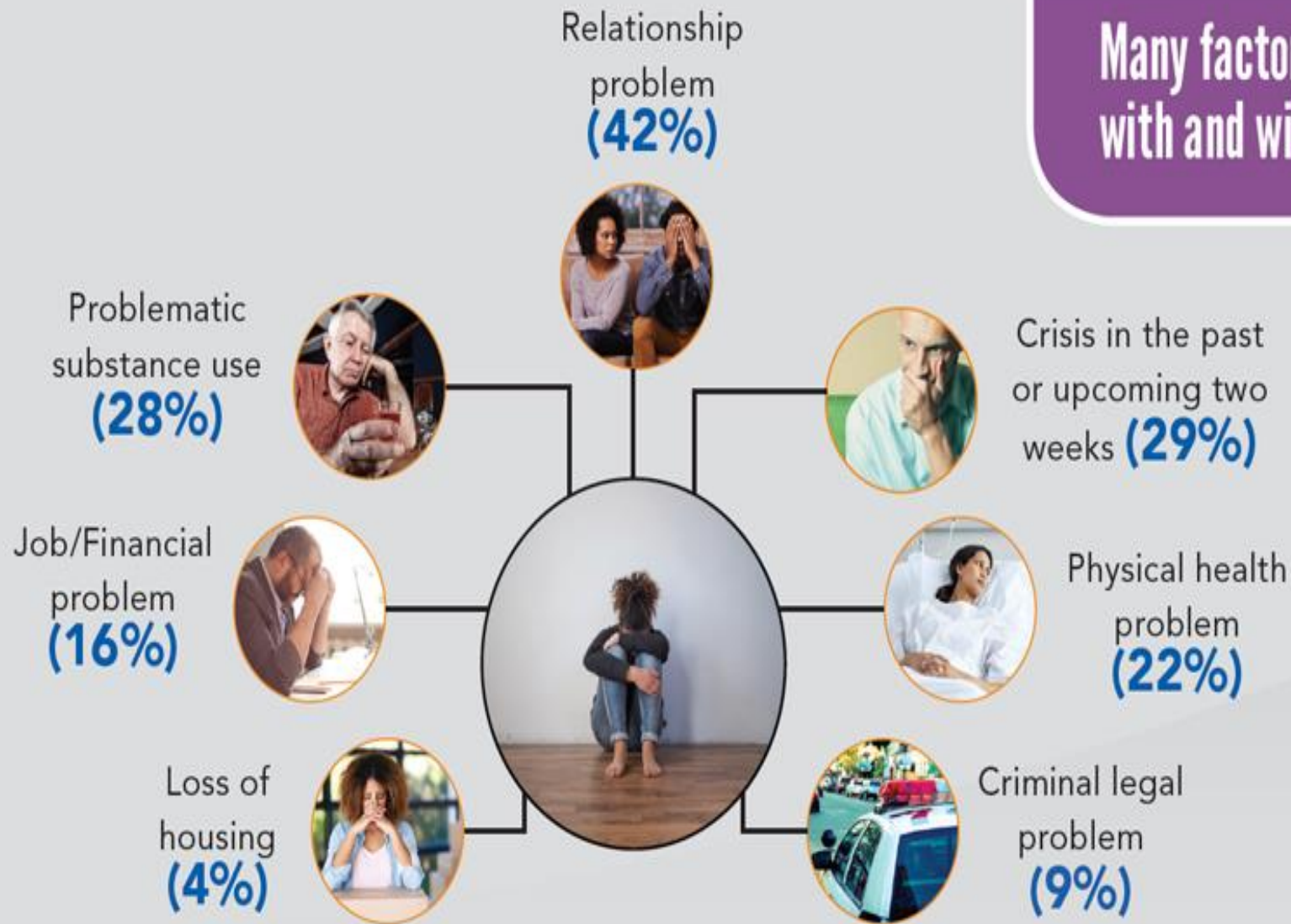
Learning Objectives

At the end of this webinar you will be able to:

1. Identify how to address self-harm and self-injury in all age groups.

2. Identify the impact bullying and cyberbullying has on members.

3. Identify ways to support parents whose children face these issues.

4. Identify how to coordinate with the school system.

Many factors contribute to suicide among those with and without known mental health conditions.

Relationship problem (42%)

Problematic substance use (28%)

Crisis in the past or upcoming two weeks (29%)

Job/Financial problem (16%)

Physical health problem (22%)

Loss of housing (4%)

Criminal legal problem (9%)

Note: Persons who died by suicide may have had multiple circumstances. Data on mental health conditions and other factors are from coroner/medical examiner and law enforcement reports. It is possible that mental health conditions or other circumstances could have been present and not diagnosed, known, or reported.

SOURCE: CDC's National Violent Death Reporting System, data from 27 states participating in 2015.

Suicide in Children and Adolescents

Children

- Impulsive
- Sadness
- Confusion
- Anger

Adolescents

- Stress
- Self-doubt
- Pressure to Succeed
- Bullying or cyberbullying

Addressing Self Harm and Self Injury

- **Identify** individuals with suicide risk via comprehensive screening and assessment

- **Engage** all individuals at-risk of suicide using a suicide care management plan

- **Treat** suicidal thoughts and behaviors using evidence-based treatments

- **Transition** individuals through care with warm hand-offs and supportive contacts

Identify

- Screen and Assessment at Every Encounter

- Columbia Suicide Severity Rating Scale (C-SSRS)

https://secure.trainingcampus.net/uas/modules/trees/windex.aspx?rx=c-ssrs.trainingcampus.net

Engage

- Suicide Care Management Plan

- Counseling On Access to Lethal Means (CALM)
  - http://training.sprc.org/course/

- Stanley Brown Safety Plan
  - https://www.sprc.org/sites/default/files/resource-program/Brown_StanleySafetyPlanTemplate.pdf

Developing Safety Plans

- **What is a safety plan?** *A document that includes coping strategies that may be used and individuals or agencies that may be contacted during a crisis.*[1]

- Practices should regularly review patients'/members' safety plans and update them as needed

- **Practices should increase focus on the safety plan if a member has a history of suicidal ideation and/or self harm and self injury**

- What should be included in a safety plan?
  - Warning signs
  - Internal coping strategies - things members can do to take their mind off problems while alone (e.g., relaxation techniques, physical activity)
  - People and social settings that provide distraction
  - People to ask for help
  - Professionals or agencies the member can contact during a crisis
  - Ways to make the environment safe

Sources:
1. http://www.suicidesafetyplan.com/About_Safety_Planning.html
2. http://www.dbsalliance.org/pdfs/wellness_toolbox/crisis_plan.pdf

Treat

- Ensure treatment for suicidal thoughts and behaviors
  - Care Coordination with treatment providers

- Non-Demand Caring Contact
  - Postcards and/or letters containing brief expressions of caring
  - Telephone calls combined with in-person contact

Transition

- Continuous contact and support for those at risk during transitions

- Follow-up after psychiatric hospital discharge

- Follow-up after no shows for appointments

Crisis Lines

- **<u>National Suicide Prevention Lifeline</u>**
  The Lifeline provides 24/7, free and confidential support for people in distress, prevention and crisis resources **1-800-273-TALK (8255).**

- **<u>Veterans Crisis Line</u>**
  The Veterans Crisis Line is a free, confidential resource that's available to anyone, even if not registered with VA or enrolled in VA health care. The caring, qualified responders at the Veterans Crisis Line are specially trained and experienced in helping veterans of all ages and circumstances; many of the responders are veterans themselves. Qualified VA responders standing by to help 24 hours a day, 7 days a week. **Call 1-800-273-8255 and press 1 or text 838255.**

- **<u>Crisis Text Line</u>**
  Text Line is free, 24/7 support for those in crisis. **Text 741741** from anywhere in the U.S. to text with a trained Crisis Counselor.

Crisis Lines (continued)

- **<u>Trevor Lifeline</u>**
  The Trevor Project is the leading national organization providing crisis intervention and suicide prevention services to lesbian, gay, bisexual, transgender, queer, and questioning (LGBTQ) young people under 25. The TrevorLifeline is a crisis intervention and suicide prevention phone service available 24/7 at **1-866-488-7386.** TrevorText is available by texting **"START" to 678678.**

- **<u>TrevorSpace</u>** is an online international peer-to-peer community for LGBTQ young people and their friends.

- **<u>Trans Lifeline</u>**
  Trans Lifeline is a national trans-led 501(c)(3) organization dedicated to improving the quality of trans lives by responding to the critical needs of our community with direct service, material support, advocacy, and education. Fighting the epidemic of trans suicide and improving overall life-outcomes of trans people the Trans Lifeline facilitates justice-oriented, collective community aid. Their peer support hotline is run by and for trans people. The line is available daily from 7 a.m.–1 a.m. PST / 9 a.m.–3 a.m. CST / 10 a.m.–4 a.m. EST. Volunteers may be available during off hours. Call **877-565-8860** to speak to someone now.

Times Have Changed!

Teens spend 9 hours a day consuming media

Adults spend over 11 hours per day listening to, watching, reading or generally interacting with media

New World = New Concerns

General Misinformation

- Everyone now has instant access to information! Unfortunately, much of the information found is misinformation!

- A false story online reaches 1,500 people six times quicker, on average, than a true story does. And while false stories outperform the truth on every subject—including business, terrorism and war, science and technology, and entertainment—fake news about politics regularly does best.

Cyberbullying

- In some rare but highly publicized cases, some kids have turned to suicide. Experts say that kids who are bullied — and the bullies themselves — are at a higher risk for suicidal thoughts, attempts, and completed suicides.

- About 1 in 4 teens have been the victims of cyberbullying, and about 1 in 6 admit to having cyberbullied someone.

Suicide and Professionals

According to the CDC, from 2000 to 2016, the U.S. the suicide rate among working aged (16–64 years) adults increased 34% from12.9 per 100,000 population to 17.3

Based on the research, here are the occupational groups with the highest rates of suicide for men:

1. Construction and extraction: jobs such as carpenters and electricians
2. Arts, design, entertainment, sports and media: jobs such as illustrators, designers, professional sports players and actors
3. Installation, maintenance and repair: jobs such as mechanics, electrical line installers and medical equipment repairers

Here are the occupational groups with the highest rates of suicide for women, according to the CDC:

1. Arts, design, entertainment, sports and media: jobs such as illustrators, designers, professional sports players and actors
2. Protective service: jobs such as firefighters, law enforcement workers and criminal investigators
3. Healthcare support: jobs such as nursing assistants, home health aides and medical transcriptionists
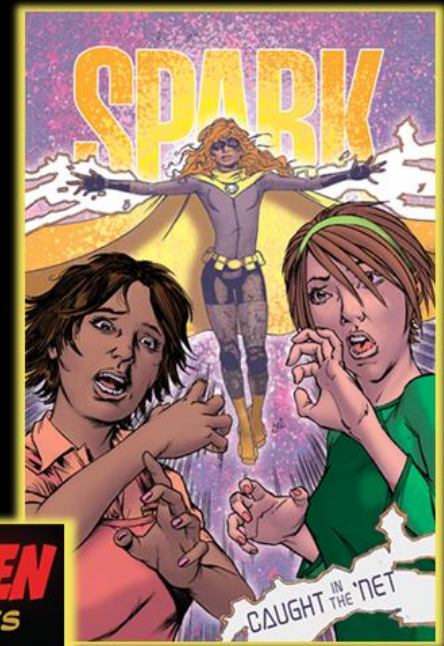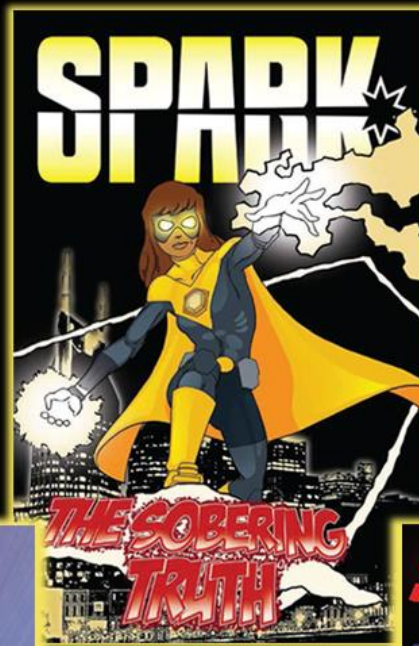
Educate

How do we educate in this new world?

We meet people where they are!

Look for resources that entertain as well as educate.

centerstonecomics.org

With ⬆ social media comes ⬆ depression.

WHY?

Addiction-like need for "likes"

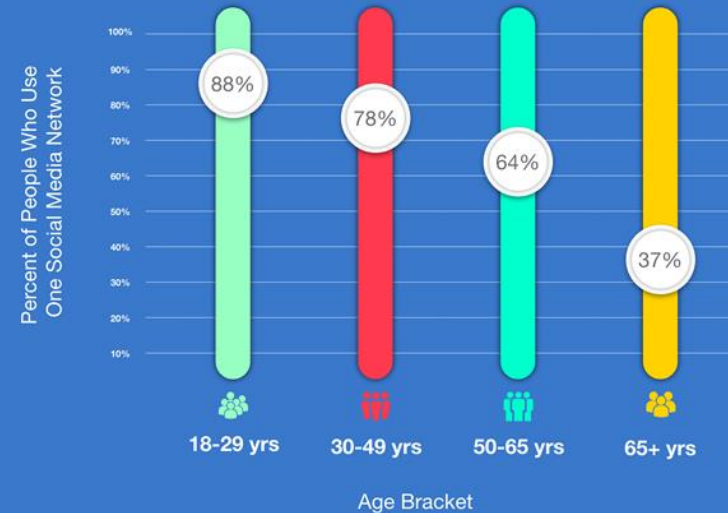*(Darmoc, 2018) Emotional Contagion (Ferrara and Yang, 2015)

Seven out of every ten Americans (or 69 percent of the population, to be exact) use social media to connect with one another.

2019 69%

2005 5%

This number is up from 5 percent in 2005 and from around 50 percent in 2011

Social Media Use By Age

Percent of People Who Use One Social Media Network

88% — 18-29 yrs
78% — 30-49 yrs
64% — 50-65 yrs
37% — 65+ yrs

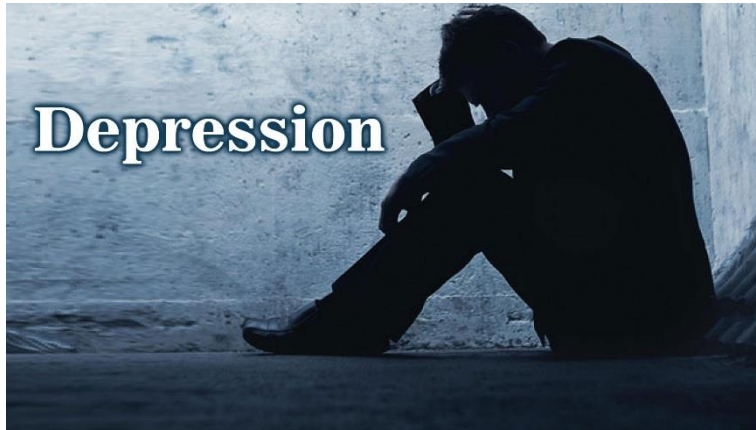Age Bracket

Cyber-bullying education points

- The bully (or group of bullies) may be completely anonymous.

- Cyber-bullying is not contained in time or space. There may be no safe place or safe time away from the bully.

- Cyber-bullying incidents may go viral meaning that an untold number of people can witness a child, teen or adult's painful experiences. – Or even join in.

- Most online bullies lack remorse and have the sense that their actions "aren't real."

- Child or teen victims may fear that telling about their pain will result in losing social media access, phones, etc.

Online safety tips

- **Don't** respond to bullies- this gives them power

- **DO** block and/or report them- this protects you and others

- **Don't** retaliate- again, the other person is in control if you dip to their level

- **DO** stay civil– follow your values, not someone else's

- **Don't** think it will just go away– it is unlikely to go away by itself

- **DO** save the evidence– take screenshots or use your phone to take a photo

- **Don't** bully others and DO be an ally

- **Don't** be ashamed if someone bullies you

- **DO** seek help

The effects of cyber-bullying and in-person bullying are all the same.

Depression

Suicide WARNING SIGNS

NEGATIVE VIEW of SELF
A sense of HOPELESSNESS OR NO HOPE for the FUTURE
ISOLATION or FEELING ALONE
MAKING SUICIDE threats
AGGRESSIVENESS and IRRITABILITY
SUBSTANCE abuse
GIVING things AWAY
Possessing LETHAL MEANS
Making funeral ARRANGEMENTS
FEELING LIKE A BURDEN to others
ENGAGING in "risky" BEHAVIORS
SELF-HARM like CUTTING behaviours
FREQUENTLY TALKING about DEATH
DRASTIC changes in MOOD and BEHAVIOUR

HELLO my name is Anxiety

Bullying in Schools

Schools miss more than 95% of bullying incidents that occur in the school setting.

- Most bullying at school occurs in locations such as:
    - hallways,
    - bathrooms,
    - lunchrooms,
    - playgrounds,
    - buses,
    - locker rooms,
    - walking to portable classrooms
    - any unstructured areas where school personnel cannot see.

3 Action Steps for Parents: #1 Prepare

- Ask child what he/she has already tried (humor, ignoring, etc.).

- Gather information / fact finding

- Try to speak the language of the school

Be ready to be supportive, brave and calm

Sources:
- Stopbullying.gov
- Wrightslaw.com

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# 3 Action Steps for Parents: #2 Meet and Plan

- Begin with a discussion with the teacher and/or school counselor. Work together to create a plan that will keep your child safe.

- Take notes during your meeting. Get the plan in writing

- Move up the chain of command as needed

3 Action Steps for Parents: #3 Follow Up

- Send a follow-up email after the meeting as a "thank you" and reminder of what each person agreed upon.

- Stay in weekly contact with the people at the meeting to let them know how things are going.

- Your goal as the parent of a child being bullied is to be a pleasant yet persistent advocate for your child's needs.

- Utilize all your allies through collaboration.

Allies in Advocacy

- Mental Health Providers

- Psychiatrists

- Doctors

- Occupational or Physical Therapists

- Specific Education or Advocacy Rights Groups

- Informal supports: faith leaders, babysitters, tutors, extended family, etc.

- Law enforcement / Juvenile Justice

- Share written meeting notes with all providers and gather recommendations prior to each meeting
  - Information needs to flow in all directions so that the school, family and providers act as a team even if everyone is not ever in the same room at the same time.
  - Health Link is often the glue that bonds team until parents learn to navigate these tasks with success
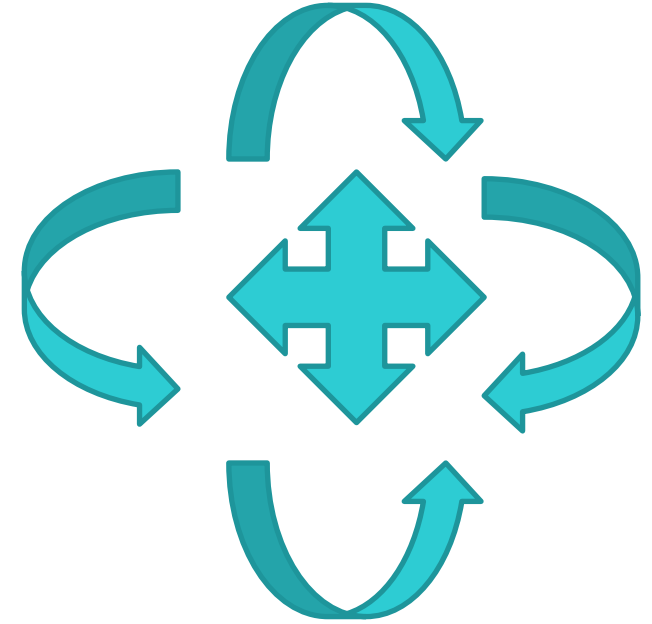
Understand that adult efforts to effect change when any type of bullying occurs are impactful for preventing depression and suicidal feelings.

Showing that you are determined to persist until all your child's needs and concerns are adequately addressed is deeply validating. A parent's willingness not to give up until things are better communicates that their concerns are valid, their safety is vital, and that they are worthy of your time and effort.

Thank You!

Resources

- SAMHSA's Suicide Prevention Resource Center

  - https://www.sprc.org/resources-programs

- Zero Suicide

  - https://zerosuicide.sprc.org/

- National Action Alliance for Suicide Prevention

  - https://theactionalliance.org/

- The Relationship Between Bullying and Suicide: What We Know and What It Means (PDF | 4.9 MB)

  - https://www.cdc.gov/violenceprevention/pdf/bullying-suicide-translation-final-a.pdf

- #chatsafe: A young person's guide for communicating safely online about suicide

  - https://www.orygen.org.au/Education-Training/Resources-Training/Resources/Free/Guidelines/chatsafe-A-young-person-s-guide-for-communicatin/ChatsafeUS_guidelines_Orygen

- Help a Friend in Need: A Facebook and Instagram Guide

  - https://www.jedfoundation.org/wp-content/uploads/2016/07/help-a-friend-in-need-jed-facebook-instagram-guide-NEW.pdf

Resources (continued)

- Suicide and Social Media: A Tipsheet for Parents and Providers

  - https://www.suicidology.org/LinkClick.aspx?fileticket=9BI5g4TXz54=&portalid=14

- What to Do if You're Concerned About Your Teen's Mental Health: A Conversation Guide

  - https://www.jedfoundation.org/wp-content/uploads/2018/11/Parent-Conversation-Guide-JED-2018.pdf

- centerstone.org/teen: Health, Alcohol/Drugs, Relationships & More

- centerstonecomics.org: Comic Books focusing on risky behavior prevention

- kidshealth.org: Middle & High School Health Resources

- loveisrespect.org: Healthy Relationships & Dating Violence

- itgetsbetter.org: Bullying